



*Diagnosis and
Management of
Depression in Primary
Care*

Background

- Depression affects 750,000 Australians each year
- Most treatment for depression is provided by GPs
- 7 longitudinal studies undertaken in primary care (varied approaches)
- Limited understanding of natural history of depression or what happens to patients with depression treated in general practice

Diamond aims to:

- Map the pathways of care experienced by patients with depressive symptoms in primary care
- Describe the relationship between GP characteristics (*patient centeredness, attitudes to depression*) and short/long term health outcomes (*remission, improvement in function and quality of life*)
- Describe the relationship between patient characteristics (*age, gender, co-morbidity, history of partner / substance abuse*) and their short/long term health outcomes (*social capital, life events*)

Diamond aims to (cont.):

- Describe the relationship between system factors (*consultation time, booking patterns access & continuity of care local mental health resources, referral networks*) and short/long term health outcomes for patients experiencing depression
- Describe the impact that phase and severity of depression and treatment factors (type and adherence) have on the diagnosis, management and outcomes of depression in primary care

Diamond aims to *(cont.)*:

- Investigate the facilitators and barriers (*GP, patient and system factors*) to diagnosis, management and recovery of patients with depressive symptoms in general practice
- Assess costs of managing depression in primary care

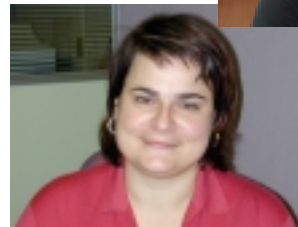
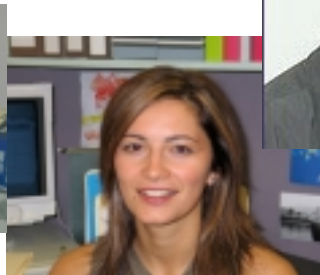
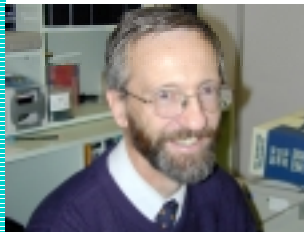
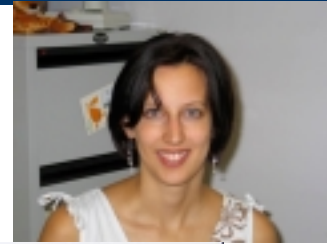
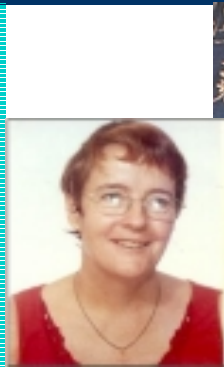
Study Overview

GP based prospective longitudinal cohort study of patients with depression from urban and rural Victorian general practices

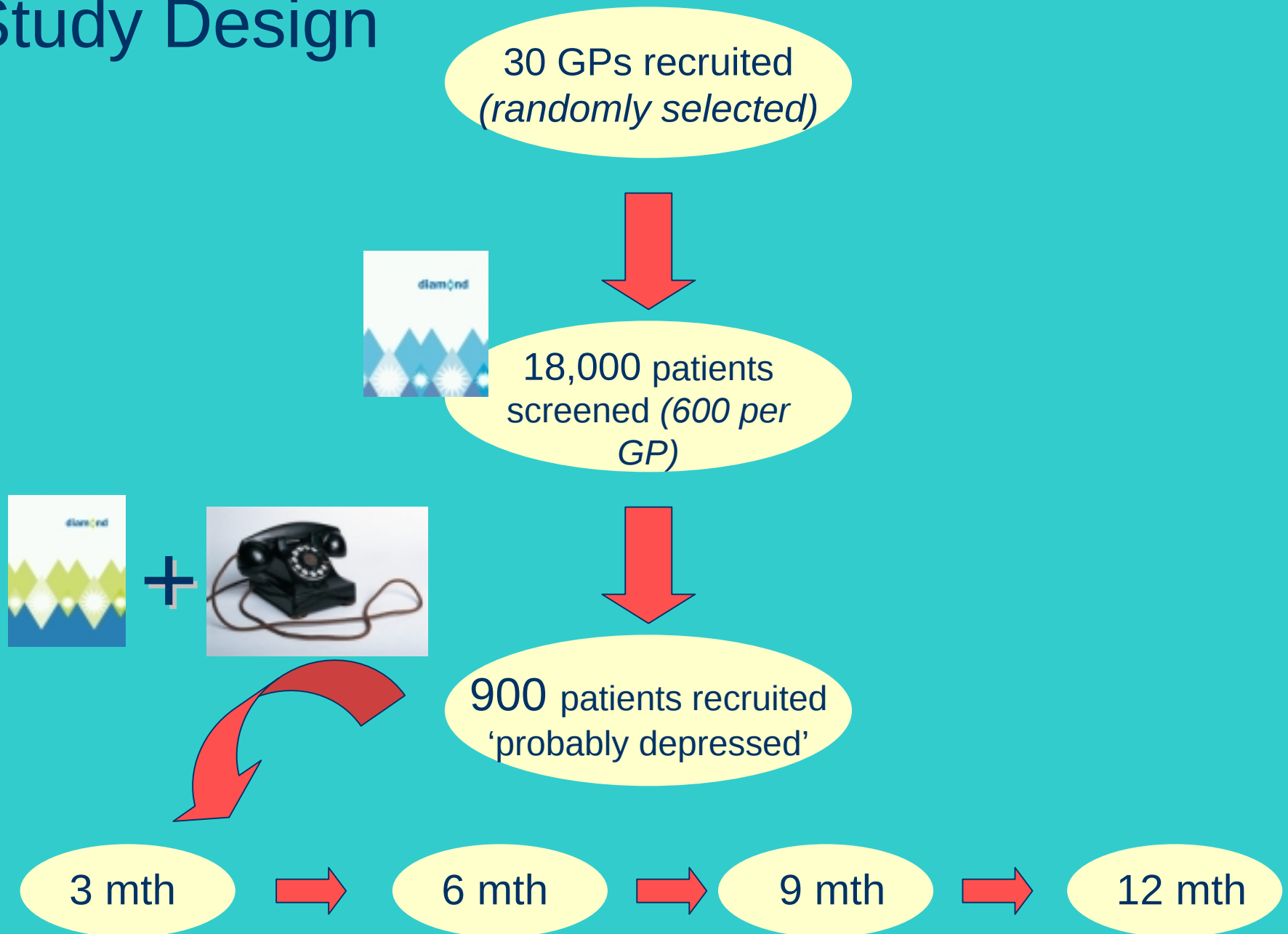


The Diamond Team

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Study Design



Study instruments I

Patient Factors

- ❑ Depression (CES-D)
- ❑ Socio-demographic
- ❑ Health status (SF-12)
- ❑ Quality of life (WHOQOL BREF)
- ❑ Partner abuse (CAS)
- ❑ Co morbidity & substance abuse (FAST)
- ❑ Social support and life events (Social Capital)

Study instruments II

Treatment Factors

- Adherence to treatment

Study instruments III

GP Factors

- GP Patient centeredness
- GP Psychological mindedness
- GP training in mental health

Study instruments IV

System Factors

- Resource utilisation
- Continuity and coordination of care
- GP integration
- Quality of primary care service

Progress to date

- Staff recruited
- Ethics approval
- 2 Ballarat pilot practices
- Screening and Baseline surveys developed
- Databases developed
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